

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-045504

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 317

Primary Registration District No. 541

Registrar's No. 3437

STATE FILE NUMBER

1. PLACE OF DEATH
a. COUNTY *St. Louis*b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN *Clayton*

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE *Mo.* b. COUNTY *St. Louis*c. CITY
OR TOWN *Webster Groves*Inside Limits
Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION *D.O.A. County Hospital*Inside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
*1007 Tuxedo Ave.*Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First Middle Last
*Robert M. Whitcraft*4. DATE OF DEATH
Month Day Year
*Nov. 23rd 1962*5. SEX
*Male*6. COLOR OR RACE
*White*7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐8. DATE OF BIRTH
*11/20/32*9. AGE (last birthday)
*30*IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Unemployed

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)
*St. Louis, Mo.*12. CITIZEN OF WHAT COUNTRY
U. S. A.

13a. FATHER'S NAME

S. Maurice Whitcraft

13b. MOTHER'S MAIDEN NAME

Edith Riker

14. NAME OF HUSBAND OR WIFE

*Nancy Whitcraft*15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give year or dates of service)
yes 1950 - 1954

NO.

17. INFORMANT

Address

*S. Maurice Whitcraft, Longboat Key, Fla.*18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

*Carbon monoxide poisoning*INTERVAL BETWEEN
ONSET AND DEATHConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☒ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

*Intentional inhalation of carbon monoxide
gas*20c. TIME OF INJURY
Hour Month, Day, Year
*10:25 a.m. 11/23/62*20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☒20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)
garage, home premises

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

*Webster Groves St. Louis Missouri*21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated:

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

Raymond V. Kain
Coroner Clayton, Missouri*11/27/62*23a. BURIAL/CREMATION,
REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

*Burial**Nov. 26, 1962**Lake Charles Cemetery**St. Louis County Mo.*

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

*Shepard Funeral Home, 1167 Hamilton**11-25-62**John B. Murphy M.D.*USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

DATE AMENDED

VS 300
Rev. 4/59

1 4002

2 4007

3

4 0

5 1

6

7 0

8 2

9 9731

10

11

12 92-3

13

APR 2 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

 , Student Embalmer No.

working under my personal supervision.

Student

Signature of Student Embalmer

Signed

Lawrence O. Herling

Licensed Embalmer No. 4979

P. O. Address Berkeley, Md

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.